

ART. VIII.—*Case of Extravasation of Blood into the cellular texture, beneath the skin of the Penis.*—By EDWARD JARVIS, M. D., Louisville, Kentucky.

JAN. 14th, 1841.—A thin healthy man, of the age of 27, while in coitu, and just before the orgasm, felt something give way in the penis. Nevertheless, the orgasm followed, and the seminal fluid was ejected, but without the usual excitement. The organ was at once relaxed, but swollen and discoloured. He walked about half a mile, feeling a slight pain, and an increasing heaviness and fulness in the penis.

I saw the patient in half an hour after the accident, and found the penis very much distended with venous blood, along the dorsum and the left side and around the prepuce. The diameter of the organ was greater than in the state of erection. On the right side, from one inch below the corona glandis to near the pubes, there was neither swelling nor discoloration; and here was a curve occasioned by the great distension of the opposite side. The swelling encircled the whole body of the penis at its root, and at the prepuce; and at the latter place the distension of the integument was greater than in any other part. There was neither pain nor tenderness, nor difficulty in micturition.

Three years previous to this accident, the patient had worn a very tight pair of pantaloons, the middle seam of which pressed so closely upon the left side of the penis, where it curved to lie upon the opposite thigh, as to cause much pain and tenderness at that spot, and especially at the time of erection. These symptoms, and a local weakness never left him. It was precisely at this spot, that the rupture of the sheath of the corpus cavernosum, appeared to be—and on this point alone, was any tenderness felt upon pressure.

The extravasation was still going on, and the purple swelling increasing. I therefore directed absolute rest upon the back; application of lead-water to the swelling, without covering of bed-clothes over the hips and pubes.

In one hour found the swelling somewhat greater, but the rapidity of its increase checked. Not wishing to open the skin while the hemorrhage was active, I ordered a solution of mur. ammon. in spirits and water equal parts, perfect rest, and cold for the night.

15th.—Hemorrhage arrested; coagulation taking place; opened the skin with a bistoury, making a free incision longitudinally along the dorsum, and transversely through the prepuce on the right side. The blood oozed out, but the cellular substance was filled with coagula; directed the continued application of towels dipped in hot water, and the whole to be kept covered with blankets, to retain the heat, and promote the discharge of blood.

At night, the blood had oozed freely from the incisions, and the swelling

was diminished along the dorsum, and on the right side of the prepuce. Made another incision on the left of the prepuce; continued hot applications for the night.

16th.—Swelling diminished; though not so much on the left side of the dorsum or elsewhere; made an incision on this side; continued applications of warm water.

17th.—Blood ceased to flow through the incisions, and these were healing. Supposing the rest of the coagula might be absorbed, I changed the hot to cold applications, and ordered the solution of ammonia, first covering the wounds with simple cerate, to defend them from the irritation of the ammonia. Gave also, submur. hyd. gr. vj, aloes gr. iv; comp. ext. colocynth gr. iii, M., which produced a small operation.

18th.—Absorption going on; swelling diminishing. Bowels costive; gave sulph. magnes.  $\mathfrak{z}$ i; continued cold lotions.

19th.—Swelling about the dorsum penis changing from the purple to yellowish hue; continued lotions. Gave him jalap pulv. gr. x, supertart. potass. gr. xii, M. Noon, no operation; much nausea; gave sulph. magnes.  $\mathfrak{z}$ i. Evening; vomited in afternoon; very feeble; absorption rapid.

20th.—Had four operations in night; with great nausea, yellowness of skin extending. Continued lotions.

21st.—One operation; swelling diminishing; organ nearer the natural shape and size. Corpus cavernosum feels somewhat distended, and hard.

Patient has been, for many years, troubled with night erections, which have latterly increased. He had these, on the night both of the 20th and 21st. Then felt the pain, at the point where the sheath appeared to be ruptured. This erection was immediately relieved by the cold lotion.

22d.—Improving; swelling in cellular tissue diminished. Skin more pale; corpus cavernosum hard as yesterday. Bowels costive; gave sulph. magnes.  $\mathfrak{z}$ i.; lotions as before.

23d.—Salts operated favourably; patient feels well; swelling of skin mostly gone. The purple hue much diminished, and the sallow colour extending. Corpus cavernosum somewhat hard and distended; penis not perfectly relaxed, and flaccid as natural; no pain, but a little tenderness at the point of rupture.

In all this time, there was no difficulty in micturition; no excitement, nor irritation nor heat in the body of the penis. Patient lay on his back until the 20th, confined himself strictly to vegetable diet, and cool drinks; whereby all inflammation was prevented.

At 9 o'clock this morning, he started on a journey of two days, in the stage, over a hard road.

February 20th.—He wrote for advice. "I arrived safely, without any pain or inconvenience. I have taken no medicine, nor made external applications. I am better and improving, yet not well. The penis is reduced to its natural size, and all discoloration is gone; but the part where the rup-

ture was, is not quite healed: and on erection, the penis is bent, and drawn down to one side, and attended with considerable pain; I wish you to prescribe again for this condition of things."

Advised frictions with ung. hyd., moderate diet, and exercise, and absence of all stimulants.

*April 5th.*—He again wrote, "I followed your prescription strictly as to the use of the mercurial ointment. I have, in a good measure, abstained from warm and strong food, and entirely from intoxicating drinks. The pain, during erection, has much abated, but the penis, when erected, is very much bent, and when not erect, there appears to be, in the body of it, at or near the place where the rupture occurred, a lump or hard substance, and although I have rubbed the part regularly, two or three times a day, I don't think it much diminished."

*8th.*—Advised cold douche and friction with iodine ointment, and the camphor liniment.

*May 10th.*—Patient wrote, that under the influence of the cold douche applied daily, and the iodine ointment and camphor liniment, he was somewhat better than when he wrote before. "But my improvement is very slow. The pain, during erection, is almost entirely gone; but there is still considerable chordee; my improvement was confined to the two first weeks of using the last prescription. Since that time I have been, I think, stationary."

Advised bandaging penis; keeping this wet with solutions of mur. ammonia, and occasional frictions with ung. mur. ammon.

The patient improved through the summer; but the chordee, the local tenderness, and slight swelling and hardness at the point of rupture, had not entirely disappeared in September, 1841, when he died of fever.